ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Im		10-20-10
O.I.P.E. CLASSIFIER		43	7/12/01
FORMALITY REVIEW	TH	1118	8-17-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

_	Rejected	N Non-elected
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31	-}- - - - - - 	81	┞╶┩═╏═╏ ╌╂╌╂═┦	131	
32	╶╎╺┟╸┠┈╎┈╏╶┞ ╌┼╌╡	82		132	┝╶┠═╽╶┦ ╶╂╌╂╶┾
33	-{-}-}-}-	83	 	133	╎╸┤╶╎╸ ┤
34	─┤─┤─┤─┤	84	┡┤┋╏ ╇╇	134	╂╾╏┈╏╶╏╸╏╺╏╸
35	·┼┤┼┼┤┤	85	 	135	┦┪ ┪┪
36	╼┼═┼┈┼═┼┈┤	86	╂╼╄╌┼╌╁╌┼╍┼╌┤	136	┤╸┤╸┨ ╸ ╏╸ ┨╸
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If more than 150 claims or 10 actions staple additional sheet here

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50553 NL 8/20/01

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